

MONTANA

1. Reimbursement for Dental Services shall be the lowest of the following:
 - a. The provider's usual and customary charge for the service.
 - b. The Department's fee schedule for dental services.

2. The Department's fee schedule is calculated as follows:
 - a. Dental procedures are identified through the following process:
 - (1) Procedures identified through ADA/CDT coding manual; or
 - (2) Dental procedures identified by the Department not identified in the current ADA/CDT.

 - b. Definitions:
Relative Value Unit (RVU) The unit value assigned to a specific procedure code published in c.(1).
Relative Value for Dentists(RVD): a value given to each procedure code outlined in 2.c.(1)(b)(i).

 - c. Reimbursement rates are set by one of the following methods:
 - (1) For procedures listed in the "Relative Values for Dentists" published biennially by Relative Value Studies, Incorporated, reimbursement rates shall be determined using the following methodology:
 - (a) The fee for a covered service shall be the amount determined by multiplying the (RVU) by the conversion factor specified in 2.c.(1)(b)(iii).
 - (b) The conversion factor and provider fees for dentists, dental hygienists, and denturists procedures are calculated as follows:
 - (i) The total units of each procedure code paid in a prior period is multiplied by the RVU to equal the RVD for each procedure code. Typically, the prior period used is the prior state fiscal year.

 - (ii) The sum of all RVDs calculated in 2.c.(1)(b)(i) equals the total units of dental service.

 - (iii) The Montana Legislature's appropriation for dental service during the appropriation period is divided by the total units of dental service calculated in 2.c.(1)(b)(ii). The resulting dollar value is equal to one unit of dental value and is the dental conversion factor.

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(iv) The RVU for each dental procedure is multiplied by the dental conversion factor calculated in 2.c.(1)(b) (iii) to calculate the Medicaid reimbursement for the procedure. When this calculation is made for all covered procedures the Montana Medicaid Dental, Dental Hygienist, and Denturist Fee Schedules are generated.

(v) A policy adjuster may be applied to some fees calculated in 2.c.(1)(b) (iv) for certain categories of services or to the conversion factor to increase or decrease the fees paid by Medicaid.

(2) Where a fee cannot be set using this methodology, the reimbursement is determined using the "by report" methodology. The "by report" reimbursement is paid at 85% of the provider's usual and customary charge. The 'By report' methodology will end by 6/30/14.

(3) Unless otherwise specified in the plan, the same published methodology is used to reimburse governmental providers and non-governmental providers.

(4) The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.mtmedicaid.org

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- I. Reimbursement for Denturist Services shall be the lowest of the following:
- A. The provider's usual and customary charge for the service;
 - B. The Department's fee schedule for denture services.
- II. The Department's fee schedule is calculated as follows:
- A. Denture procedures are identified through the following process:
 - 1. Procedures identified through ADA/CDT coding manual;
or
 - 2. Denture procedures identified by the Department not identified in the current ADA/CDT.
 - B. Definitions:
 - Relative Value Unit (RVU) The unit value assigned to a specific procedure code published in c.(1).
 - Relative Value for Dentists(RVD): a value given to each procedure code outlined in 2.c.(1)(b)(i).
 - C. Reimbursement rates are set by one of the following methods:
 - (1) For procedures listed in the "Relative Values for Dentists" published biennially by Relative Value Studies, Incorporated, reimbursement rates shall be determined using the following methodology:
 - (a) The fee for a covered service shall be the amount determined by multiplying the (RVU) by the conversion factor specified in 2.c.(1)(b)(iii).
 - (b) The conversion factor and provider fees for dentists, dental hygienists, and denturists procedures are calculated as follows:
 - (i) The total units of each procedure code paid in a prior period is multiplied by the RVU to equal the RVD for each procedure code. Typically, the prior period used is the prior state fiscal year.

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(ii) The sum of all RVDs calculated in 2.c.(1)(b)(i) equals the total units of dental service.

(iii) The Montana Legislature's appropriation for dental service during the appropriation period is divided by the total units of dental service calculated in 2.c.(1)(b)(ii). The resulting dollar value is equal to one unit of dental value and is the dental conversion factor.

(iv) The RVU for each dental procedure is multiplied by the dental conversion factor calculated in 2.c.(1)(b)(iii) to calculate the Medicaid reimbursement for the procedure. When this calculation is made for all covered procedures the Montana Medicaid Dental, Dental Hygienist, and Denturist Fee Schedules are generated.

(v) A policy adjuster may be applied to some fees calculated in 2.c.(1)(b)(iv) for certain categories of services or to the conversion factor to increase or decrease the fees paid by Medicaid.

(2) Where a fee cannot be set using this methodology, the reimbursement is determined using the "by report" methodology. The "by report" reimbursement is paid at 85% of the provider's usual and customary charge. The 'By report' methodology will end by 6/30/14.

(3) Unless otherwise specified in the plan, the same published methodology is used to reimburse governmental providers and non-governmental providers.

(4) The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.mtmedicaid.org.

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1. Reimbursement for Dental Hygienist Services provided when a Dental Hygienist has a limited access permit to practice under "public health supervision" shall be the lowest of the following:
 - a. The provider's usual and customary charge for the service;
 - b. The Department's fee schedule for dental services.
2. The Department's fee schedule is calculated as follows:
 - a. Dental Hygienist preventative procedures are identified through the following process:
 1. Procedures identified through ADA/CDT coding manual.
 - b. Definitions:
Relative Value Unit (RVU) The unit value assigned to a specific procedure code published in c.(1).

Relative Value for Dentists(RVD): a value given to each procedure code outlined in 2.c.(1)(b)(i).
 - c. Reimbursement rates are set by one of the following methods:
 - (1) For procedures listed in the "Relative Values for Dentists" published biennially by Relative Value Studies, Incorporated, reimbursement rates shall be determined using the following methodology:
 - (a) The fee for a covered service shall be the amount determined by multiplying the (RVU) by the conversion factor specified in 2.c.(1)(b)(iii).
 - (b) The conversion factor and provider fees for dentists, dental hygienists, and denturists procedures are calculated as follows:

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(i) The total units of each procedure code paid in a prior period is multiplied by the RVU to equal the RVD for each procedure code. Typically, the prior period used is the prior state fiscal year.

(ii) The sum of all RVDs calculated in 2.c.(1)(b)(i) equals the total units of dental service.

(iii) The Montana Legislature's appropriation for dental service during the appropriation period is divided by the total units of dental service calculated in 2.c.(1)(b)(ii). The resulting dollar value is equal to one unit of dental value and is the dental conversion factor.

(iv) The RVU for each dental procedure is multiplied by the dental conversion factor calculated in 2.c.(1)(b)(iii) to calculate the Medicaid reimbursement for the procedure. When this calculation is made for all covered procedures the Montana Medicaid Dental, Dental Hygienist, and Denturist Fee Schedules are generated.

(v) A policy adjuster may be applied to some fees calculated in 2.c.(1)(b)(iv) for certain categories of services or to the conversion factor to increase or decrease the fees paid by Medicaid.

2. Where a fee cannot be set using this methodology, the reimbursement is determined using the "by report" methodology. The "by report" reimbursement is paid at 85% of the provider's usual and customary charge. The 'By report' methodology will end by 6/30/14.

3. The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published on the agency's website www.mtmedicaid.org. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

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1. Reimbursement for Denture Services shall be the lowest of the following:
 - a. The provider's usual and customary charge for the service; or
 - b. The Department's fee schedule for denture services.
2. The Department's fee schedule is calculated as follows:
 - a. Denture procedures are identified through the following process:
 1. Procedures identified through ADA/CDT coding manual; or
 2. Denture procedures identified by the Department not identified in the current ADA/CDT.
 - b. Definitions:

Relative Value Unit (RVU) The unit value assigned to a specific procedure code published in c.(1).

Relative Value for Dentists(RVD): a value given to each procedure code outlined in 2.c.(1)(b)(i).
 - c. Reimbursement rates are set by one of the following methods:
 - (1) For procedures listed in the "Relative Values for Dentists" published biennially by Relative Value Studies, Incorporated, reimbursement rates shall be determined using the following methodology:
 - (a) The fee for a covered service shall be the amount determined by multiplying the (RVU) by the conversion factor specified in 2.c.(1)(b)(iii).
 - (b) The conversion factor and provider fees for dentists, dental hygienists, and denturists procedures are calculated as follows:
 - (i) The total units of each procedure code paid in a prior period is multiplied by the RVU to equal the RVD for each procedure code. Typically, the prior period used is the prior state fiscal year.

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Montana

1. Reimbursement for Denture Services shall be the lowest of the following:
 - a. The provider's usual and customary charge for the service; or
 - b. The Department's fee schedule for denture services.
2. The Department's fee schedule is calculated as follows:
 - a. Denture procedures are identified through the following process:
 1. Procedures identified through ADA/CDT coding manual; or
 2. Denture procedures identified by the Department not identified in the current ADA/CDT.
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- (ii) The sum of all RVDs calculated in 2.c.(1)(b)(i) equals the total units of dental service.
- (iii) The Montana Legislature's appropriation for dental service during the appropriation period is divided by the total units of dental service calculated in 2.c.(1)(b)(ii). The resulting dollar value is equal to one unit of dental value and is the dental conversion factor.
- (iv) The RVU for each dental procedure is multiplied by the dental conversion factor calculated in 2.c.(1)(b)(iii) to calculate the Medicaid reimbursement for the procedure. When this calculation is made for all covered procedures the Montana Medicaid Dental, Dental Hygienist, and Denturist Fee Schedules are generated.
- (v) A policy adjuster may be applied to some fees calculated in 2.c.(1)(b)(iv) for certain categories of services or to the conversion factor to increase or decrease the fees paid by Medicaid.

(2) Where a fee cannot be set using this methodology, the reimbursement is determined using the "by report" methodology. The "by report" reimbursement is paid at 85% of the provider's usual and customary charge. The 'By report' methodology will end by 6/30/14.

(3) Unless otherwise specified in the plan, the same published methodology is used to reimburse governmental providers and non-governmental providers.

(4) The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.mtmedicaid.org.

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- (ii) The sum of all RVDs calculated in 2.c.(1)(b)(i) equals the total units of dental service.
- (iii) The Montana Legislature's appropriation for dental service during the appropriation period is divided by the total units of dental service calculated in 2.c.(1)(b)(ii). The resulting dollar value is equal to one unit of dental value and is the dental conversion factor.
- (iv) The RVU for each dental procedure is multiplied by the dental conversion factor calculated in 2.c.(1)(b)(iii) to calculate the Medicaid reimbursement for the procedure. When this calculation is made for all covered procedures the Montana Medicaid Dental, Dental Hygienist, and Denturist Fee Schedules are generated.
- (v) A policy adjuster may be applied to some fees calculated in 2.c.(1)(b)(iv) for certain categories of services or to the conversion factor to increase or decrease the fees paid by Medicaid.

(2) Where a fee cannot be set using this methodology, the reimbursement is determined using the "by report" methodology. The "by report" reimbursement is paid at 85% of the provider's usual and customary charge. The 'By report' methodology will end by 6/30/14.

(3) Unless otherwise specified in the plan, the same published methodology is used to reimburse governmental providers and non-governmental providers.

(4) The agency's rates were set as of the date on the Attachment 4.19B Introduction Page and are published at www.mtmedicaid.org.

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